

# The New Outlook

**Spring 2022**



**Upcoming Virtual Meeting**  
**Tuesday April 19 at 7 pm**

**Special In-person Meeting**  
**Wednesday May 18 at 6:30 pm**  
**Northwest Community Hospital**  
See below

Our next meeting on **April 19** will be virtual.

**A special in-person meeting will be held at 6:30 pm on Wednesday, May 18.**

We will meet at Northwest Community Hospital in Arlington Heights. This will be in the Learning Center on the B1 Level of the Busse Center. We will use room LC5. A reminder and detailed directions will be emailed Sunday prior to meeting.

Future meetings:

**June 21   July 19   August 16   September 20**  
**October 18   November 15   December 20**

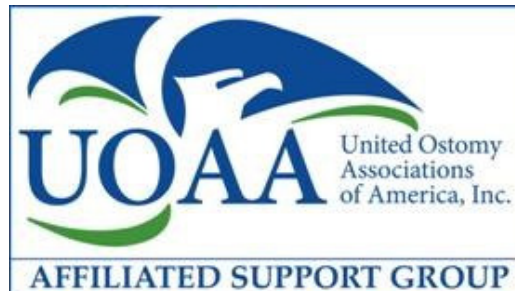
Reminders and virtual invites are emailed the Sunday before each meeting.

OAGC is a 501(c)(3) non-profit, run entirely by volunteers. We depend mostly on donations to fund our website and its ever-increasing security costs. We also sponsor one of our own to attend the Youth Rally camp for kids. Thank you all so much for your support!

Decisions on virtual or in person meetings will be made on a monthly basis. Please watch your emails for details and instructions to participate. Also, for guidance on meetings of other groups listed on page 2 please check with the contact person.

**Attending your first meeting?** There are always supportive ostomy veterans to chat with you.

**Remember,** newsletters are now quarterly. Make sure we have your current email address to receive monthly meeting and event reminders. Our member list is private, never shared or sold. To request the electronic newsletter, email [uoachicago@comcast.net](mailto:uoachicago@comcast.net) or sign up on our website's home page.



## Ostomy Association of Greater Chicago (OAGC)

Established 1975

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Sandy Czurylo

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*Presence Resurrection Medical Center*

Ana M. Boden 773-296-7095

*Advocate Illinois Masonic Medical Center*

*Swedish Covenant Hospital* 773-878-8200

Teri Coha 773-880-8198

*Lurie Children's Hospital*

Jan Colwell, Michele Kaplon-Jones 773-702-9371 & 2851

*University of Chicago*

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*Rush University Medical Center*

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Cheryl Isberto 847-933-6091

*Skokie Hospital* 847-926-5806

*Highland Park* 847-570-2417

Agnes Brugger

*Evanston Hospital*

Connie Kelly, Mary Kirby 312-926-6421

*Northwestern Memorial Hospital* 312-695-6868

Carol Stanley 708-660-5956

*Rush Oak Park Hospital*

Kathy Krenz 815-338-2500

*Centegra-Northern Illinois Medical*

Marina Makovetskaia 847-723-8815

*Lutheran General Hospital*

Elizabeth Perry 847-618-3215

*Northwest Community Hospital*

Nancy Olsen, Mary Rohan 708-229-6060

*Little Company of Mary Hospital*

Kathy Garcia, Jola Papiez 708-684-3294

*Advocate Christ Medical Center*

Sandy Fahmy 847-316-6106

*Saint Francis Hospital*

Barb Sadler 630-933-6562

*Central DuPage Hospital*

Nanci Stark 708-216-8554

(Mary Clare Hogan-Urology only 708-216-5112)

*Loyola University Medical Center*

Alyce Barnicle (available on as needed basis only) 708-245-2920

*LaGrange Hospital*

Sarah Grcich 219-309-5939 or 219-983-8780

*Porter Regional Hospital & Ostomy Clinic Valparaiso, Indiana*

## National UOAA Virtual Groups

Continent Diversion Network: Lynne Kramer 215-637-2409

Familial Adenomatous Polyposis (FAP) Foundation: Travis Bray 334-740-8657

Friends of Ostomates Worldwide - USA: Jan Colwell 773-702-9371

GLO Network: Fred Shulak 773-286-4005

Ostomy 2-1-1: Debi K Fox 405-243-8001

Pull-thru Network: Lori Parker 309-262-0786

Quality Life Association: Judy Schmidt 352-394-4912

Thirty Plus: Kelli Strittman 410-622-8563

## Additional area support groups:

### Northwest Community Hospital, Arlington Heights

2nd Thurs at 1:00 pm every other month. Feb, Apr, Jun, Aug, Oct, Dec in The Learning Center, Level B1 of the Busse Center Contact 847-618-3215, Elizabeth Perry [eperry@nch.org](mailto:eperry@nch.org)

### Southwest Suburban Chicago, Evergreen Park

3rd Monday at 6:30pm, Little Company of Mary Hospital, 2800 W. 95th St., Evergreen Park - Rm 1702. Contact Nancy Olesky 708-499-4043, [nanoook60@sbcglobal.net](mailto:nanoook60@sbcglobal.net) or [swscost@gmail.com](mailto:swscost@gmail.com)

### Sherman Hospital, Elgin

2nd Wednesday of month at 2 pm. Lower level Conference B. Contact Morgan Coconate [morgan.coconate@advocatehealth.com](mailto:morgan.coconate@advocatehealth.com) 224.783.1349.

### DuPage County, Downers Grove

The fourth Wednesday at 7:00pm, Good Samaritan Hospital, in the Red and Black Oak Rooms by the cafeteria. Contact Bret Cromer 630-479-3101, [bret.cromer@sbcglobal.net](mailto:bret.cromer@sbcglobal.net)

### Will County, Kankakee IL

2:00 p.m. the last Saturday of Feb, Apr, Aug and Oct in the Riverside Medical Center Board Room, next to the cafeteria. Also a June picnic and December holiday party. Charlie Grotevant 815-252-1551, [charliegrtvnt@gmail.com](mailto:charliegrtvnt@gmail.com)

### Grundy County, Morris IL

Monthly Meetings at 11:00 AM, the 3rd Saturday at Grundy Administration Bldg., 1320 Union St., Morris, IL. Contact Judy Morey at 815-592-5717 or Kelly Hitt at 815-941-6818.

### Lake County Illinois

Hollister in Libertyville, 10:00am the 3rd Saturday, every other month. Jan, March, May, July, Sept, Nov. Contact Barb Canter 847-394-1586, [barb1234@sbcglobal.net](mailto:barb1234@sbcglobal.net)

### Loyola University Health System, Maywood

2nd Wednesday month at 7:15 in the Cardinal Bernadine Cancer Center 2nd floor Auditorium A. Contact Robin Handibode 708-205-6664 or Nanci Stark, WOCN 708-216-8554, [nhstark@lumc.edu](mailto:nhstark@lumc.edu)

### Rush University Medical Center, Chicago

Professional Building 1725 W. Harrison St. Suite 1138 - Conference Room. Parking for main garage will be validated. 1st Thursday of month, 5:30p.m. Contact Rachel Hendee, [rachel\\_hendee@rush.edu](mailto:rachel_hendee@rush.edu)

### Valparaiso, Indiana

Porter Regional Hospital, 1<sup>st</sup> floor Community Room. 6:30 pm the 4<sup>th</sup> Thurs., Jan - Oct. Contact Sarah Grcich 219-309-5939, [Sarah.Grcich@porterhealth.com](mailto:Sarah.Grcich@porterhealth.com)

## Here and Now

with Patricia Johnson

I have often said that I think it is harder on the caregiver (reads loved ones) than it is on the patient. For although it is very hard to be sick, facing surgery and recovering from surgery everyone is focused on the patient. And the person who loves you so much stands idly by. Watching. Waiting.

In January I had a chance to put my theory to the test. On Tuesday, January 18th my husband, Dale, had a heart attack. For those of you who know Dale know he is careful about his diet, exercises and has no fat what-so-ever on him. A heart attack was the farthest thing from our minds. So when he came upstairs while working from home and said he didn't feel well and wanted to go to the ER I was surprised but not overly worried. When we got to the ER he was immediately taken for an EKG and I was told to go home. I did not see my husband until the following Tuesday. He was in good hands and in good spirits. Even when told he would have triple by-pass surgery and would not leave the hospital until it was done.

He had quadruple by-pass surgery Friday morning. The hospital kept us informed during the surgery which was very reassuring. That night he was sitting in a chair, had taken a walk and was not in any pain. Then he started telling us a joke. I thought he was sun downing but the nurse told us he was telling a joke and had been telling them all day. (My husband came out of anesthesia a little loopy.)

Meanwhile, while he was in the hospital with doctors and nurses circling the bed, I was at home making phone calls, keeping our daughter informed, and trying to think what I needed to get done. Because I no longer drive a friend spent a day helping me and kept me sane. She was with me when I got the call that it would be open heart surgery, and my world turned upside down. Hilary booked a flight home and I prayed.

While he was in the hospital we borrowed a recliner from a friend and purchased sweatpants and hoodies that would keep him warm and comfortable and be easy to put on and off.

When he came home I was determined to take good care of him although I wasn't sure what that would entail. He slept a lot in the recliner but would walk and do his breathing exercises. I took care of his meds and both Hilary and I cooked for him. The home nurse came and she was great. He had to shower every day, and could not be alone. I would heat his towels in the dryer and sit with him. I helped him out of the shower and wrapped him in the warm towels and gently dried his legs. A shower wore him out and he would get into the recliner and sleep.

Dale's recovery went smoothly. He is back at work. Me, well, I wasn't sure if I was doing enough or doing something wrong. I was scared, looking into a future without Dale was frightening. I would watch him sleep making sure he was breathing. There are still times when I worry something will go wrong. I have found that being the care giver is not something to be taken lightly. That between concern, getting information, care and feeding, laundry and daily tasks it is hard work. And I was blessed to have such an easy going patient.

*Life is good*



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by you

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## Avoiding Peristomal Itching (and What to Do if You Already Feel Itchy)

### Hollister.com Ostomy Care

Itchy skin around the stoma may be a frequent problem, but shouldn't be considered normal. Itchy peristomal skin can be chronic and difficult to treat. Some people experience itching even with healthy looking skin. Nevertheless, there's plenty you can do to help prevent or deal with this common problem.

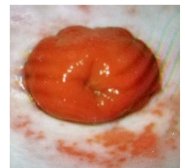
#### Understanding peristomal itching

To better understand peristomal itching, we surveyed stoma care nurses and their patients. The goal was to compare their experiences with this issue. The results were somewhat surprising:

- Peristomal itching was reported by 87 percent of people with stomas, yet 36 percent of the time the skin appeared healthy – free of breakdown, redness, or rash\*
- 71 percent of nurse respondents recall a time when patients reported peristomal itching, yet the skin was intact and free of redness\*
- Nurses encourage patients to report itchy peristomal skin, however, patients did not commonly tell their healthcare providers\*

There are many potential causes of peristomal itching, however, two conditions known to cause it are candidiasis (a fungal skin infection) and dermatitis.

**Candidiasis** is a fungal skin infection that is known to cause severe itching. Candidiasis can usually happen when the peristomal skin is warm and moist. It can also be a result of stoma fluid leakage under the barrier or some medications such as an antibiotic.



Here are some tips for avoiding candidiasis:

- Reduce moisture by making sure your pouching system fits properly around your stoma
- Dry off your pouching system promptly after showering, bathing, swimming, or any exposure to water
- Use anti-fungal powder to absorb moisture from broken skin and treat the fungal infection. When using anti-fungal powder, make sure to brush off the excess before applying your pouching system. Stop using powder once the skin is healed, is no longer moist to the touch and the rash is resolved
- Do not use anti-fungal cream under your pouching system as the pouching system won't adhere
- Address and resolve any leakage issues with your stoma care nurse

**Dermatitis**, also known as irritant dermatitis, may be caused by an irritant to the skin – such as those in soaps, lotions, and other products. Or it can originate from your skin being exposed to your stomal output due to leakage. Allergic dermatitis is caused by a reaction to a specific irritant or allergen.

Here are some prevention tips:

- Make sure you are using the correct size opening for your pouching system. Use a stoma measuring guide periodically to see if your stoma size or shape has changed
- Work with your stoma care nurse to find the best products for you. A convex skin barrier (instead of a flat one) or a barrier ring, when needed, can help ensure a good fit and prevent leakage
- Make sure you keep your skin care routine simple. Less is better when caring for the skin around your stoma. For most people, water is sufficient for cleaning it
- Address any leakage issues with your stoma care nurse

There may be other causes of peristomal itching, some of which don't result in visible signs of skin damage. While leakage remains a top contributor to itching, our survey shows that heat and humidity can contribute to itching as well. Also, dryness is a common cause of itchy skin around the stoma with otherwise healthy looking skin. If you experience itching, a simple and easy first step is to remove and replace your pouch – nearly 79 percent of our survey respondents said this reduced the itchiness.

If you have consistent peristomal skin itching, think you may have candidiasis or a form of dermatitis, or suspect you have any other peristomal skin complication, contact your stoma care nurse.

*\*Based on a survey of 164 patients. Consumer Survey of Pruritus, 2016 Hollister data on file.*



## Keeping skin healthy

Coloplast.com

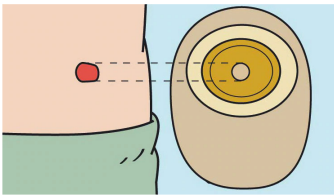
Having a well-fitting product solution plays an important role in preventing leakage and keeping skin healthy. Good changing habits also helps maintain healthy skin.

By following the **Apply Remove Check** routine, you can make sure your appliance is more secure and dependable. Applied properly, your appliance will do a much better job of protecting the skin around your stoma against stoma output, a major cause of irritation.

A correct appliance-change routine starts with the proper application of your baseplate (flange).

### A snug fit is key

When it comes to fitting your barrier, the hole in the adhesive should be cut so that it fits the diameter and shape of your stoma exactly.



### Stomas change

Remember that over time your stoma may change in shape and size. This is common and simply means that you need to adjust your cutting template accordingly. In order to make sure you're applying optimally, check the size of your stoma periodically, especially if you have a hernia. You should always contact your stoma care nurse if you

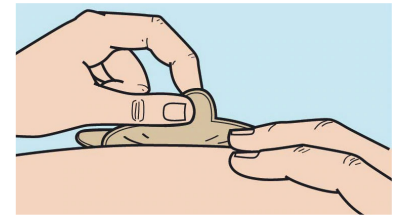
are in doubt or notice any changes in the surface of your stoma.

### Remove gently

Regular appliance changes and gentle removal will help protect the skin around your stoma, keeping it healthy and free from irritation.

If you are using a drainable pouch and have liquid output, it is recommended that you empty the pouch before removal.

Pull down the removal tab to loosen the adhesive from your skin. Gently remove the adhesive by rolling it step by step downwards. Apply light pressure on your skin with your other hand. An adhesive remover may be useful if you need a little extra help.



Regardless of your appliance change routine you must change your appliance if you feel itching or burning.

### What to check for

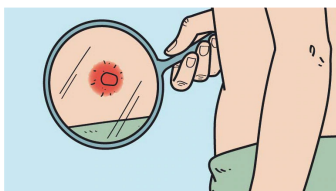
Having a well-fitting product solution plays an important role in preventing leakage and keeping skin healthy. Good changing habits also helps maintain healthy skin.

By following the Apply Remove Check routine, you can make sure your appliance is more secure and dependable. A quick examination of your skin and adhesive will reveal if you are in the right routine.

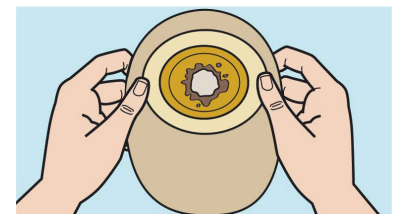
But first you need to know which symptoms to be aware of.

### Check your skin and baseplate

It is important that you check if the adhesive is eroded and if there is presence of stoma output (feces or urine depending on your type of stoma).



Then – perhaps with the help of a mirror – examine the skin around your stoma and see if there is any redness or damage. It may be that the pattern of the irritation mirrors what you saw on the adhesive.



Signs of skin damage or eroded adhesive may indicate that your appliance was not applied properly, but it could also indicate that you need to change appliance more often. You may also consider if you are using a well-fitting ostomy solution adequate for your body profile.

## Vitamins and Minerals with an Ostomy

Excerpted from Ostomy Blog at StomaBags.com

Vitamins and minerals contribute to the proper functioning of the body. A balanced diet assures ostomy patients the ingestion of the right types and quantities. The large intestine absorbs these nutrients, which makes ileostomates susceptible to nutritional deficiencies. Colostomy and urostomy patients also have particular dietary requirements. For this reason, ostomy patients require adequate vitamin and mineral intake.

### Vitamins

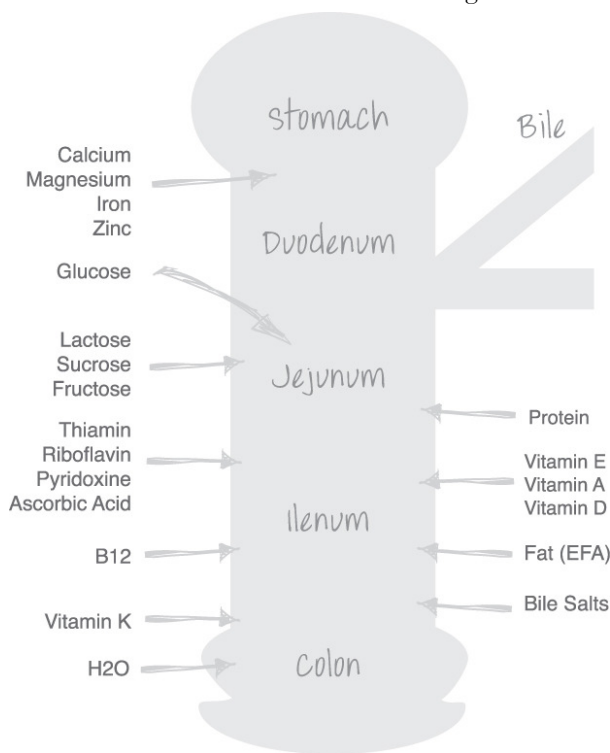
Vitamins fit into two categories: fat-soluble (A, D, E and K) and water-soluble (B-complex and C).

#### Fat-soluble vitamins

Fat-soluble vitamins come from animals (butter, dairy foods, liver, fish oils) and vegetables (various oil types). These vitamins are key to everyday activities. However, the liver and fatty tissues store them, so daily consumption is unnecessary. Consider a moderate consumption, since the excess of fat-soluble vitamins may have adverse consequences.

#### Water-Soluble Vitamins

The body stores no water-soluble vitamins; therefore, they require frequent consumption. Excess consumption is harmless since it is eliminated through urine.



## Mark Drug Medical Supply

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### The Ostomy Store

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Vitamin B complex and vitamin C are found in many foods, especially vegetables and fruits, as well as dairy, meat, legumes, peas, liver, eggs, and fortified grains and cereals. In addition to serving as cofactors in biochemical reactions, vitamin B complex is vital for normal body growth and development, healthy skin, properly functioning of nerves and the heart, and red blood cell formation. They are fragile when exposed to the environment or high temperatures. Therefore, we should consume these foods right after chopping, and steam them to preserve their full nutritious content.

### Minerals

Minerals perform three key functions: forging strong bones and teeth, maintaining cell fluids, and converting food into energy. Minerals are inorganic, come from soil and water and penetrate into plants and animals. Food sources include meats, fish, dairy foods, vegetables, fruits, dried fruits (more than in regular fruits), and nuts. The main minerals are calcium and iron. The human body requires other minerals but in lower quantities. These are known as Trace Elements: Chromium, copper, fluoride, iodine, selenium, and zinc.

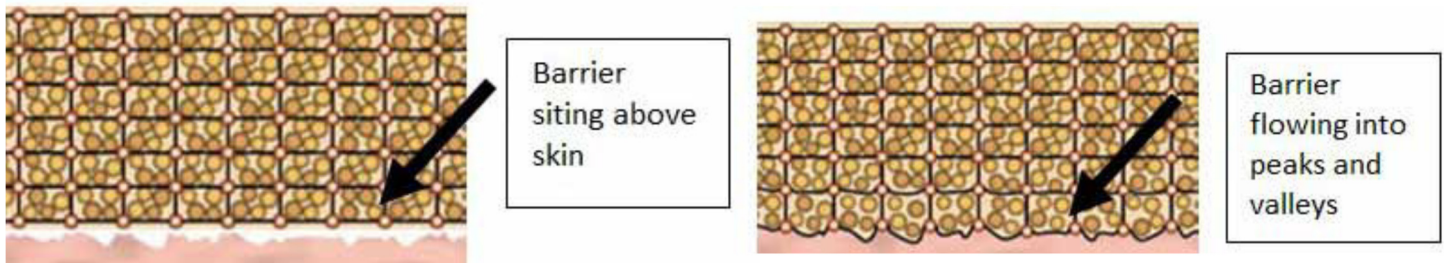
Each ostomy patient has different nutritional requirements, depending on age, gender, and general activity. Seek your physician and nutritionist before engaging with particular diets or vitamin and mineral supplements.

## Warm your Barrier/Flange

Wear time, the time an ostomy appliance can adhere to your skin before it starts to leak, is considered one of the most critical aspects of preventing skin irritation. Factors affecting wear time include: your output consistency, abdominal contours, stoma protrusion, and mobility. The skin barrier/flange will assist with these aspects by protecting your skin. It does this by adhering to your skin and providing a level pouching surface.

Commonly forgotten is the need to activate the adhesive. In-hospital one is taught to hold a hand over pouch at stoma for 2 minutes after application to warm it up. However, when warming the barrier/flange before application, the polymers, which create adhesion, are activated sooner and flow into the peaks and valleys on the skin ensuring a close, tight fit immediately. This can be done by warming the flange beneath your armpit or tucked against your body inside a waistband prior to applying. It only requires a little warmth to begin the activation. Do not use a microwave, oven or similar mechanisms.

Warming your flange before a pouch change is especially important on cold days or if products are stored in a cold location.



This article by Lauren Wolfe, RN, BSN, MCISc-WH, NSWOC, CWOCN, was excerpted from the Vancouver Ostomy HighLife – May/June 2021

## What Does it Mean If My Medication Has a ‘Black Box Warning’?

Cleveland Clinic Health Essentials

You may have heard on the news that a medicine you’re taking now has a “black box warning.” That sounds alarming, but what does it actually mean?

Black box warnings, also called boxed warnings, are required by the U.S. Food and Drug Administration for certain medications that carry serious safety risks. Often these warnings communicate potential rare but dangerous side effects, or they may be used to communicate important instructions for safe use of the drug. They appear printed in bold font surrounded by a black border on the insert that comes inside a medication’s packaging, and on the drug manufacturer’s website, if it has one.

The warnings are intended to call attention to certain risks or instructions so that healthcare professionals will be aware of them and carefully consider them when prescribing medications to patients.

If a medication you’re taking carries risk that warrants a black box warning, that doesn’t necessarily mean that you shouldn’t take it. But the risks and benefits of a medication are something your healthcare provider should discuss with you.

“If the warnings involve a serious adverse reaction and are applicable to a particular patient, the provider should discuss them with that patient before prescribing the medication,” says registered pharmacist and drug information specialist Meghan Lehmann, Pharm.D., BCPS. “A pharmacist should reiterate applicable warnings and help address any additional questions.”







As you age, the number of prescription and over-the-counter medications you take tends to multiply – and if you are taking more than four medications, the risk of side effects increases significantly. Every year, you should review your medications with your doctor to make sure that your regimen is still appropriate and safe. The goals of a medication check-up are to answer these questions:

- Do you still need each medication?
- Are you on the lowest effective dose? With age, the time it takes for a drug to clear your system can grow, so a lower dose may be just as effective.
- Are you taking your drugs on the proper schedule? Could a simplified dosing regimen make it easier?
- Are you taking any combinations of drugs that can compromise their effectiveness or cause drug interactions?
- Would alternative medications be safer or more tolerable? Certain medications are more likely to cause side effects with age. However, if your doctor advises you continue a particular drug that is causing mild side effects, your doctor can offer ways to help mitigate any symptoms.

When going for a medication review, take along a complete list of your over-the-counter and prescription medications, along with a list of any supplements you take – including dosages and how you take the pills (with food or without, time of day). Report any problems you have swallowing your pills. Tell your doctor if you consume grapefruit or grapefruit juice, alcohol, licorice, or chocolate – all foods that interact with certain medications. Let your doctor know about any symptoms you are experiencing that might be related to your medications (such as dizziness, loss of appetite, falling, or depression). Be honest about any prescribed medications that you are not taking, and let your doctor know why (such as price or side effects).



## How to Read an Over-the-Counter Drug Facts Label

**Active Ingredient**  
An active ingredient is the chemical compound in the medicine that makes it work in your body to bring relief for your symptoms.

If you are taking more than one OTC medicine, compare the active ingredients. Do not take two medicines with the same active ingredient unless instructed by your doctor, pharmacist, or other healthcare professional.

**Uses**  
This section tells you the ONLY symptoms the medicine is approved to treat.

**Warnings**  
This section tells you what other medications, foods, or situations (such as driving) to avoid when taking this medicine.

**Directions**  
The only recommended dosage and frequency of dosage will be listed here. You should follow this strictly. It's not just how much you take but how often.

**Inactive Ingredients**  
An inactive ingredient is a chemical compound in the medicine that does not treat symptoms. Preservatives, food colors, and flavorings, and binding agents will be listed here.

<b>Drug Facts</b>							
<b>Active Ingredients (in each tablet)</b> Chlorpheniramine Maleate 2 mg.....	<b>Purpose</b> Antihistamine						
<b>Uses:</b> temporarily relieves these symptoms due to hay fever and other upper respiratory allergies: ■ sneezing   ■ runny nose   ■ itchy, watery eyes   ■ itchy throat							
<b>Warnings</b> <b>Ask a doctor before use if you have</b> ■ glaucoma   ■ a breathing problem such as emphysema or chronic bronchitis ■ difficulty in urination due to enlargement of the prostate gland <b>Ask a doctor or pharmacist before use if you are taking sedatives or tranquilizers</b> <b>When using this product</b> ■ you may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ be careful when driving a motor vehicle or operating machinery ■ excitability may occur, especially in children <b>If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children.</b> In case of overdose, get medical help or contact a Poison Control Center right away.							
<b>Directions</b> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 2px 5px;">Adults and children 12 years and older</td> <td style="padding: 2px 5px;">take 2 tablets every 4 to 6 hours not more than 12 tablets in 24 hours</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">Children 6 to under 12 years</td> <td style="padding: 2px 5px;">take 1 tablet every 4 to 6 hours not more than 6 tablets in 24 hours</td> </tr> <tr> <td style="border-right: 1px solid black; padding: 2px 5px;">Children under 6 years ask a doctor</td> <td></td> </tr> </table>		Adults and children 12 years and older	take 2 tablets every 4 to 6 hours not more than 12 tablets in 24 hours	Children 6 to under 12 years	take 1 tablet every 4 to 6 hours not more than 6 tablets in 24 hours	Children under 6 years ask a doctor	
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Children under 6 years ask a doctor							
<b>Other Information</b> store at controlled room temperature 2°-30°C (30°-86°F) ■ Protect from excessive moisture <b>Inactive Ingredients:</b> D&C Yellow 10, Lactose, Magnesium Stearate, Microcrystalline Cellulose, Pregelatinized Starch							

**Other Information**  
This section tells you other important information about the product, such as how to store the medicine.

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This section tells you other important information about the product, such as how to store the medicine.



## Decline in the Number of New Ostomates

By R. S. Elvey  
OAGC Member

In prior years if you were experiencing any of the following symptoms: abdominal pain or discomfort, blood or pus in your stool, rectal bleeding, frequent recurring diarrhea, fever, weight loss, reduced appetite and fatigue, your primary care physician would order a series of tests looking for possible food poisoning, inflammatory bowel disease or colon cancer. In a majority of cases you may have been diagnosed with an inflammatory bowel disease (IBD), ulcerative colitis (UC), Crohn's Disease or colon cancer, all of which you may have only anecdotal knowledge of or none at all. Many times you would have been given informational brochures from your doctor to read on your own. The advice and counsel from your physicians would differ greatly from whether you were at a teaching or non-teaching hospital. A fact, which is documented by Dr. Leslie Miller, medical sociologist, University of Illinois Urbana-Champaign's, study *People's Experiences with Pouches*. At this critical juncture it is extremely important to understand how the various treatments and surgeries would affect the long term quality of your life. What the diagnosis of colon cancer and IBD have in common, besides their anatomical location, is a course of treatment that often leads to surgery involving partial or complete removal of your colon, a colectomy and the creation of an ostomy.

But in today's medical environment if you are diagnosed with UC, or colorectal cancer, you might have a much better chance of not having a colectomy, or partial colon removal surgery. For many years, "Complete colon removal was likely the only option for survival for people with severe UC that didn't respond to Sterapred, prednisone." Sandra Gordon, Everyday Health, January 30, 2020. Likewise colon cancer surgery often resulted in portions of the colon being removed. In both instances ostomies were created, UC patients received either permanent ileostomies or j-pouches and colorectal patients received either permanent or temporary colostomies. Now, biologic therapies for UC and advanced surgical techniques for colon cancers show a paradigm shift in treatment options. A recent study completed by The Cleveland Clinic and presented at the 2020 Annual Meeting of the American College of Gastroenterology presented their analysis of twenty years of data on UC patients. George Khoudari, MD, an internist and research fellow at Cleveland Clinic's Digestive Disease & Surgical Institute said, "The treatment for ulcerative colitis has changed significantly over the past 20 years with biologics being initiated earlier in the inflammatory bowel disease (IBD) course." Dr. Khoudari further stated, "We noticed a falling trend of colectomy prevalence that coincides with a rising trend in biologic use. This is a very important observation and may change the natural course of IBD." Cleveland Clinic's study analysis showed, "The prevalence of colectomies declined from 10.8% to 2.1% from 2000 to 2019." At the same time, there was an associated linear increase in the prevalence of biologic usage from 0.5% to 12.8%."

Dr. Richard Rood, MD, FMCP, FACP, AGAF, FASGE and Chairperson of the United Ostomy Associations of America (UOAA), Medical Advisory Board and Professor of Medicine, Inflammatory Bowel Disease Center at Washington University School of Medicine agrees saying, "Surgery to remove a colon is down 15% from before the biologic era." He also notes that there still remain many patients that do not respond to any of the current biologics and that the medications are far from perfect. He says, "We are in the advanced biologic treatment era. And we are going to get better on the treatment side but it may not be biologic."

As in the case of UC, colon removal is in decline in colorectal cancer surgery. The value of early testing and advanced surgical techniques gives, "Colorectal cancers more hope than most cancers, and if caught early it is curable." says Kelly Tyler, M.D. Division Chief, Colorectal Surgery, FACS, FASCRS, Associate Professor, University of Massachusetts School of Medicine and member of UOAA's Medical Advisory Board. When you receive a diagnosis of colon cancer your next discussion with your physician will be to discuss the next step, called staging. This step involves imaging tests to determine how far the cancer has spread. If surgery is necessary, it can now be performed employing advanced surgical techniques that are minimally invasive, such as advanced robotic technology and laparoscopic resection surgery.

Advanced techniques are not only sphincter sparing but also have fewer side effects on bladder function, bowel frequency and sexual function. Dr. Kelly says, “She does minimally invasive surgeries well over 80% of the time.” In the past many colorectal surgeries resulted in a permanent colostomy. But what will the future hold for colorectal surgery? Dr. Kelly states, “The sphincter sparing surgeries, and the techniques we do now we’re there. This is the future. We are preserving everything we can. The rate of colostomy creation now is probably much less than it used to be and the rate of ostomy reversal is higher.”

However, with all the advances in treating UC and colon cancer there will still be a percentage of patients that require permanent ileostomies or colostomies. With the assistance of the UOAA and its local support groups combined with Wound, Ostomy and Continence Nurses, WOCN’s, patients can lead enjoyable and meaningful lives living with an ostomy.

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Per UOAA the number of ostomies in the U.S. range from about 750,000 to 1 million with approximately 100,000 new ostomy surgeries performed each year. Many of these are temporary.

## Biologics v Biosimilars



Biologic therapies are complex proteins made in live cells that target part of your immune system.

Biosimilars are designed to be near identical copies of approved biologic therapies. Given the complexity of drug design, biosimilars cannot be exact

copies of biologic therapies, but still contain the **same active ingredient, mechanism of action** (how they work), and **dosing**. The same clinical result can be expected.

Biologic drugs are expensive, even for many people who have health insurance. You may even have received a notification from your insurance carrier that coverage of your specialty medication is changing. Enter biosimilars, which are near-identical—but less costly—copies of biologics. However, we are often asked whether biosimilars are somehow inferior to the original biologic they’ve been designed to mimic.

We’re here to clear up any confusion with some important facts:

- **Fact #1:** Biosimilars are just as **safe and effective** as the original biologic therapy. There are no clinically meaningful differences.
- **Fact #2:** Biosimilars are carefully reviewed and approved by the Food and Drug Administration (FDA) and are carefully monitored on an ongoing basis by the agency.
- **Fact #3:** Switching from a biologic to its biosimilar should be fairly seamless. The strength, dosage, storage, and infusion rate are all the same.

Biosimilar medications are given using the same administration route as their reference (Biologic) product. Therefore, you should receive your treatment the same way you did before, i.e. infusion or injection.

The FDA has approved specific biosimilar medications for IBD, but not every approved biosimilar is available currently in the US market. Here is a list of the IBD biosimilars that are currently available to patients in the US:

- Infliximab-abda (Renflexis®)
- Infliximab-axxq (Avsola™)
- Infliximab-dyyb (Inflectra®)

Note: Infliximab is commonly known as Remicade®

The Crohn's & Colitis Foundation believes that patients and their doctors should work together when deciding which treatment to choose, and that no decision should be made by a pharmacist or medical insurance company without the consent of the patient and doctor.



**Mike Gordon**, the husband of one of our founders has died. Although Rhoda passed several years ago, Mike continued his support of our organization. He was so pleased to watch us flourish once again when we moved to Glenbrook. He always attended 2 meetings per year - the Anniversary meeting in April and the Holiday Party in December. We will miss him!



*We celebrate our Ostomy Nurses!*

### OSTOMY EQUIPMENT RESOURCES

The following is a list of phone numbers for manufacturers of ostomy equipment. Most will provide FREE samples!

COLOPLAST.....	1-888-726-7872
CONVATEC.....	1-800-422-8811
CYMED.....	1-800-582-0707
HOLLISTER.....	1-888-808-7456
MARLEN.....	1-216-292-7060
NU-HOPE.....	1-800-899-5017
SECURI-T USA.....	1-877-726-4400



Remember and honor those who made the ultimate sacrifice for our freedom.

Memorial Day May 30



Flag Day  
June 14





## Get Ostomy Answers!

Get answers to the challenges of living with a colostomy, ileostomy or urostomy by subscribing to *The Phoenix* magazine, the official publication of United Ostomy Associations of America. Medical professionals, clinicians and ostomy experts provide answers you won't find anywhere else. Topics include diet, exercise, intimacy, skin care, odor control, preventing leaks and so much more. Ostomy patients share inspirational stories of overcoming disease, surgery and complications to return to a full and active life.

Go to [phoenixuoaa.org](http://phoenixuoaa.org) for instant access and to learn more.

In the Spring Issue – Former Miss Texas embraces health and grace  
By Ed Pfueller, UOAA Communications & Outreach Manager

► A very special thank you to everyone who donates to our association! Our largest expenses, the cost of this newsletter, our website and security for our website are continually increasing and is only made possible through the generous donations of our members.

To make a tax deductible donation, please make check payable to Ostomy Association of Greater Chicago or OAGC and bring to a meeting, or send to

Tim Traznik  
Treasurer/OAGC  
40 Fallstone Drive  
Streamwood, IL 60107

Donations can also be made online using a credit card: [www.uoachicago.org/donations](http://www.uoachicago.org/donations)

**Without you, we don't exist!**



**IMPORTANT:** The information contained in this newsletter and on our website, is intended for educational/informational purposes only, and is not a substitute for the medical advice or care of a doctor, surgeon, WOC Nurse, licensed pharmacist or other health care professional.